

1c772 U.S. PTO  
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PTO/SB/50 (02-01)  
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## REISSUE PATENT APPLICATION TRANSMITTAL

<b>Address to:</b>  <b>Assistant Commissioner for Patents Box Reissue Washington, DC 20231</b>	<b>Attorney Docket No.</b>	70869-0089
	<b>First Named Inventor</b>	John R. Wells
	<b>Original Patent Number</b>	5,895,346
	<b>Original Patent Issue Date (Month/Day/Year)</b>	April 20, 1999
	<b>Express Mail Label No.</b>	

**APPLICATION FOR REISSUE OF:** ☒ **Utility Patent** ☐ **Design Patent** ☐ **Plant Patent**  
(Check applicable box)

APPLICATION ELEMENTS (37 CFR 1.173)	ACCOMPANYING APPLICATION PARTS
1. <input checked="" type="checkbox"/> <b>Fee Transmittal Form (PTO/SB/ 56)</b> (Submit an original, and a duplicate for fee processing)	10. <input checked="" type="checkbox"/> <b>Statement of status and support for all changes to the claims. See 37 CFR 1.173 (c).</b>
2. <input type="checkbox"/> <b>Applicant claims small entity status. See 37 CFR 1.27.</b>	11. <input type="checkbox"/> <b>Original U.S. Patent for surrender</b> <input type="checkbox"/> <b>Ribboned Original Patent Grant</b> <input type="checkbox"/> <b>Statement of Loss (PTO/SB/55)</b>
3. <input checked="" type="checkbox"/> <b>Specification and Claims in double column copy of patent format (amended, if appropriate)</b>	12. <input type="checkbox"/> <b>Foreign Priority Claim (35 U.S.C. 119) (if applicable)</b>
4. <input checked="" type="checkbox"/> <b>Drawing(s) (proposed amendments, if appropriate)</b>	13. <input type="checkbox"/> <b>Information Disclosure Statement (IDS)/PTO-1449</b> <input type="checkbox"/> <b>Copies of IDS Citations</b>
5. <input type="checkbox"/> <b>Reissue Oath/Declaration (original or copy) (37 C.F.R. § 1.175) (PTO/SB/51 or 52)</b>	14. <input type="checkbox"/> <b>English Translation of Reissue Oath/Declaration (if applicable)</b>
6. <input type="checkbox"/> <b>Power of Attorney</b>	15. <input type="checkbox"/> <b>Preliminary Amendment</b>
7. <b>Original U.S. Patent currently assigned?</b> <input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> (If Yes, check applicable box(es)) <input type="checkbox"/> <b>Written Consent of all Assignees (PTO/SB/53)</b> <input type="checkbox"/> <b>37 C.F.R. § 3.73(b) Statement (PTO/SB/96)</b>	16. <input checked="" type="checkbox"/> <b>Return Receipt Postcard (MPEP 503) (Should be specifically itemized)</b>
8. <input type="checkbox"/> <b>CD-ROM or CD-R in duplicate, Computer Program (Appendix) or large table</b>	17. <b>Other: <u>unsigned Reissue Declaration...</u> <u>and Power Of Attorney</u> .....</b>
9. <b>Nucleotide and/or Amino Acid Sequence Submission (if applicable, all of the following are necessary)</b> a. <input type="checkbox"/> <b>Computer Readable Form (CFR)</b> b. <b>Specification Sequence Listing on:</b> i. <input type="checkbox"/> <b>CD-ROM (2 copies) or CD-R (2 copies); or</b> ii. <input type="checkbox"/> <b>paper</b> c. <input type="checkbox"/> <b>Statements verifying identity of above copies</b>	

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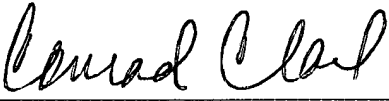
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USA	202-835-1111		

<b>NAME (Print/Type)</b>	Conrad A. Clark	<b>Registration No. (Attorney/Agent)</b>	30,340
<b>Signature</b>	<i>Conrad A. Clark</i>	<b>Date</b>	April 20, 2001

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Reissue, Washington, DC 20231.

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REISSUE APPLICATION FEE TRANSMITTAL FORM						Docket Number (Optional) 70869-0089		
Claims as Filed - Part 1								
Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity		
				Rate	Fee	Rate	Fee	
(A) 31	Total Claims (37 CFR 1.16(j))	(B) 47	**** 16 =	x \$ _____ =		or	x \$ 18 = 288.00	
(C) 4	Independent claims (37 CFR 1.16(i))	(D) 8	* 4 =	x \$ _____ =			x \$ 40 = 160.00	
Basic Fee (37 CFR 1.16(h))					\$ 710		\$ 710.00	
Total Filing Fee					\$	OR	\$ 1,158.00	
Claims as Amended - Part 2								
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	***	MINUS	**	* =	x \$ _____ =		x \$ _____ =	
Independent Claims (37 CFR 1.16(i))	***	MINUS	*****	=	x \$ _____ =		x \$ _____ =	
Total Additional Fee					\$	OR	\$	
<p>* If the entry in (D) is less than the entry in (C), Write "0" in column 3.</p> <p>** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</p> <p>*** After any cancellation of claims.</p> <p>**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input checked="" type="checkbox"/> Please charge Deposit Account No. <u>50-1088</u> in the amount of <u>\$1,158.00</u>. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. <u>50-1088</u>. A duplicate copy of this sheet is enclosed.</p> <p><input type="checkbox"/> A check in the amount of \$ _____ to cover the filing / additional fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p style="text-align: center;"><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b></p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <p><u>4/20/01</u> Date</p> </div> <div style="width: 45%; text-align: center;"> <p> Signature of Applicant, Attorney or Agent of Record</p> <p>Conrad J. Clark, Reg. No. 30,340 Typed or printed name</p> </div> </div>								

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of :	)	
	)	
Wells et al.	)	
	)	Art Unit:
Serial No.: Reissue of 5,895,346	)	
	)	Examiner:
Filed: April 20, 2001	)	
	)	
For: AUTOMATIC MULTIPLE	)	
DECANTING CENTRIFUGE	)	

STATEMENT PURSUANT TO 37 CFR 1.173 (c)

Hon. Director of the Patent  
and Trademark Office  
Washington, D.C. 20231

SIR:

A. Status of the Claims

Presently original claims 1-31 and new claims 32-47 are pending. No claim has been canceled.

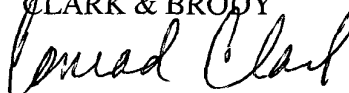
B. Support in the Disclosure for Claim Amendments

The disclosure describes the container recited to in the claims at least at column 2, lines 7-20 and at column 3, line 59 through column 4, line 16. The container is shown in figures 1 and 2.

The use of the container is disclosed at column 2 line 50 through column 3 line 33 and column 5 lines 31 though 58. Drawing figures 4a-4f show a method of use.

Respectfully Submitted,

CLARK & BRODY



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April 20, 2001